No. C 180261	D	ue no later than Sep 30, 2010	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		GARY L MEIKLE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing SNOWLINE H WILLIAM T 35134 SADD	FLUKE	1000 RIVERWALK DR STE 200 IDAHO FALLS ID 83402				
NO FILING FEE IF RECEIVED BY DUE DATE	ARLEE MT USA	ARLEE MT 59821-9282 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR WILLIAM SECRETARY KEEGAN	t fluke I fluke	35134 SADDLE MT RD 35134 SADDLE MOUNTAIN ROAD	ARLEE ARLEE	MT MT	USA USA	59821-9282 59821-9282	
5. Organized Under the Laws of: 6. Annual Re		ort must be signed.*					
ID Signature:		/illiam T. Fluke Date: 10/11/2010					
C 180261	Name (type	Name (type or print): William T. Fluke		Title: Director			
Processed 10/11/2010	* Electronically	* Electronically provided signatures are accepted as original signatures.					